

## HOMŒOPATHIC MEDICATION IN HEART DISEASE

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The heart possibly more than any other organ is the object of so-called direct medication and yet the organic lesions amenable to such measures are not nearly so frequent as other symptom syndromes.

Symptoms relating to the precordial region usually send the patient scurrying to his physician who may have the good judgment to evaluate them properly and, if this is so, but rarely does he resort to a true cardiac drug, by which we mean one which has a tissue proclivity for this organ.

The numerous extraneous factors which may temporarily make one heart conscious need to be considered and, if we treat properly, by endeavoring to remove the cause we treat not the heart but all of these factors. This is particularly true of private practice where such cases are seen much sooner than in the hospital wards and hence Homœopathic medication is more applicable as it is in all cases where frank decompensation is not the rule.

It is such a conception that justifies the Homœopathic treatment of heart diseases. It is really an indirect or constitutional approach to the cardiac trouble. It accounts also for the rather formidable list of Homœopathic drugs that relate to this field and further answers the pharmacological objection that but few of our Homœopathic drugs really effect the heart. They may not effect the heart itself directly, but they accomplish their end by other physiological adjustments.

To plunge immediately into our subject, we might ask first what is myocarditis, or better yet, "chronic myocarditis"? There is no more common diagnosis and to our mind it conveys little.

In the first place "itis" conveys the idea of inflammation as this syllable does on any medical term. But whereas nephritis, arthritis, neuritis, etc., are true inflammations with varying

degrees of the classical dolor, rubor, tumor, and calor, no such conception is justifiable when applied to the myocardium. There is no inflammation. There is very slight fibrosis or fatty change demonstrable at the autopsy table in cases dying of this diagnosis. The facts are that what we mean by myocarditis is simply myocardial exhaustion and differs little from exhaustion anywhere else, no matter what the tissue.

Recently, it has become fashionable to speak of a "myocardosis" to convey what we mean by a chronic myocarditis. The condition of myocardosis results from the effect of prolonged toxemia, syphilis, diphtheria, and chronic streptococcal infection on the muscle fiber of the heart leading to their degeneration and infiltration. This term is analogous to nephrosis, the term used to signify a degeneration in contradistinction to an inflammatory lesion of the kidneys.

A heart fails when it is dynamically unable to nourish itself and remove waste products. The contractions become more and more feeble as it is less able to remove CO<sub>2</sub> and lactic acid and finally it fails. If one follows the case clinically and at the autopsy table, we are constantly impressed at the rareness with which physical signs are borne out by the postmortem findings and vice versa. All this seems to justify a broad view of cardiac therapeutics and agents such as our Homœopathic drugs which effect adjustment when adjustment is needed, may be the best remedial tools.

By the time that dyspnoea and edema make their appearance there is usually ample physical evidence of heart disease and in these cases, in our opinion, Homœopathy plays a relatively minor part. Before these signs become manifest, however, we may look for the cause in any or all of four main factors.

First, there is the heart itself, which may be so handicapped by valvular lesions that its reserve power is non-existent.

The peripheral resistance is next and here we mean only the capillary system. Large arteries even though thoroughly calcified exert slight strain on the heart and the radial artery is no guide to this state. It is an arteriolosclerosis, not an arteriosclerosis. The arteries in the brain, portal system, and kidneys are the worst offenders, as resistance goes up according to the

inverse square of the tubes diameter. This is the formal cause of hypertension—capillary spasm—but just what causes this condition to exist in an individual, no one has discovered although as usual theories abound.

The third factor of cardiac failure is the viscosity of the blood, since in certain conditions, such as increase of CO<sub>2</sub>, it is much increased and obviously a heavy fluid takes more power to push than a light one. We draw the conclusion that, if we can lessen this viscosity by constitutional medication, this would be the rational way to treat a heart so embarrassed. Drugs like *Sulphur*, *Lycopodium*, and *Calcarea*, may bring this change about, if prescribed carefully on constitutional grounds.

The last factor is likewise extra cardiac, the return or venous circulation may be impeded. Long-standing emphysema, old T.B. lesions, chronic bronchitis, all these retard the action of the accessory muscles of respiration and hence prevent an adequate amount of blood being delivered to the heart. Obviously, a heart cannot pump that which it does not get.

And so, Homœopathically, we may best aid the heart by trying to modify the pulmonary process. In other words, it may not be a cardiac drug at all we use, but one such as *Phosphorus*, *Ant. Ars.*, or *Carbo Veg.*

Rest, diet, and physiological unloading are indicated, but I have found that after such measures there are often annoying subjective symptoms which are properly controlled by a Homœopathic prescription. One such case was that of a butcher with a typical hypertensive decompensating heart with extensive edema. Following his unloading, he still complained of choking sensation at night and on waking up. *Lachesis* removed this last of his complaints and he was discharged until such time as he would decompensate himself again.

The moderately decompensated hearts without disturbance of the cardiac rhythm and usually with subjective symptoms of pain, palpitation, etc. are true Homœopathic candidates.

So far, we have tried to justify the use of Homœopathic drugs on broad physiological grounds. We shall now attempt to fit in our Homœopathic drugs according to classification of heart disease by American Heart Association.

We will list the drugs under the various etiological, anatomical classifications and their sub-heads, then add a third classification which is clinical for some symptoms and syndromes. More details, descriptions of individual indications are listed which we shall not read at this time in its entirety but simply pick out the more important drugs. I have had these mimeographed for distribution and will now mention some of the drugs in more detail.

### HEART DISEASE

*Homœopathic therapeutics based on classification of American Heart Association*

*Etiological :*

<i>Arteriosclerosis</i>	Arsenicum iodatum 2X Plumbum metallicum 3X Baryta carb. 3X Sumbul
<i>Bacteria infection</i>	Arnica 3X Hg I 3X
<i>Effort Syndrome</i>	Sulphur 6X Coffea 6X Iberis 3X Lilium tigrinum 3X Nux vomica 3X Moschus 3X
<i>Hypertension</i>	Crataegus $\phi$ Aconite 3X Plumbum metallicum 6X
<i>Rheumatic fever</i>	Kalmia latifolia Cactus $\phi$ (Cactina 2 grains b.i.d.)

The above list is suggestive only. The clinician is urged to verify the symptoms of the drug selected by referring to section on "symptomatic indications."

*Anatomical :*

<i>Aortitis</i>	Aurum 3X Baryta carb. 3X Fluoric acid 3X
<i>Arteriosclerosis of coronary origin</i>	
With narrowing	Secale Spigelia 3X Latrodictus mactans 6X Cactus ø
With occlusion (during rest period).	Lachesis 6X Arnica 3X Arsenicum iodatum 2X
<i>Degeneration of myocardium</i>	Arsenicum iodatum 2X Crataegus ø Strychnia phos. 3X Cactus (cactina pellets 1 pellet Calc. carb. = 1 grain)
<i>Enlargement of the heart</i>	
Dilatation	Kalmia Latifolia 3X
Hypertrophy	Bryonia Crataegus ø
<i>Infarction of myocardium</i>	
Recent	Lachesis 6X Arnica 3X
Healed	Crataegus ø
Myocarditis, active	Kalmia Latifolia 3X
<i>Diseases of endocardium and valves</i>	
Endocarditis	
Valvulitis (active)	Mercurius Iodatus 3X Kalmia Latifolia 3X Bryonia

Valvulitis (inactive)	Naja Tripudians 3X
Pericarditis	
Fibrinous	Bryonia 3X Arsenic 3X
Serofibrinous	Colchicum 3X Sulphus $\emptyset$
Suppurative	Cantharis 3X
<i>Clinical remedies for some symptoms and syndromes</i>	
Paroxysmal tachycardia	Iberis 3X Aconite 3X
Premature contractions	Tobacum 30X
<i>Constitutional prescribing with chief symptomatic complaint as a guide</i>	
Palpitation	Iberis Aconite Ignatia
Emphysema and pulmonary sclerosis	Antimonium arsenicosum 3X Grindelia , 1-10 gtt.
Venous engorgement, dilatation, varicosities (peripheral, not cardiac)	Carduus marianus $\emptyset$ Hamamelis virginica $\emptyset$ Sepia 6X Carbo Veg. 6X
Post-influenzal myocarditis	Iberis
Angina pectoris	Spigelia 3X Latrodictus mactans 6X Magnesia phos 3X Cactus (cactina 2-5 pellets) Lilium tig.

## SYMPTOMATIC INDICATIONS

*Aconite*—Mental fear and anxiety with or without organic lesions. Tachycardia and palpitations with much heart consciousness. Thyroid heart.

*Antimonium arsenicosum*—To be used where the clinician feels that the patient's complaints come more from an emphysema and pulmonary sclerosis than from myocardio disease. Weakness and strangling cough are often marked ; senile cases.

*Arnica*—Chiefly to aid in promoting the fibrosis following an infarction, also following infections whose toxins have injured the myocardium. Stasis and relaxed blood vessels. Symptomatically the patient often complains of a sore, bruised feeling, particularly over the precordium. Pain referred especially to the elbow and left arm. Anemia, debility, sweat, and occasional temperature. Skin is apt to be dry and scaly, a tubercular diathesis with cardiac complications, best expresses its field.

*Arsenicum iodide*—has been used in our heart clinics for senile cardiac complaint, so-called myocarditis, and chronic aortitis. The etiology of such complaints is often attacks of influenza or winter bronchitis which apparently overcomes the myocardial reserve. General symptoms are weariness of the whole body with heaviness of the limbs. This drug is given over long periods of time preceding acute decompensation and the patient is usually ambulatory.

*Baryta carb.*—General degenerative processes, particularly affecting the cerebral and cardiovascular syndrome often accompanied by enlarged prostate, intensive sweating, particularly the feet. Distension of blood vessels, aneurism with threatened sequelae of rupture follow. Forces contraction of the blood vessels and hence is suitable to hypertension, usually symptoms of distress in the region of the heart with rather fast action and hypertension.

*Cactus*—The cactina pellets provide accurate dosage as one pellet equals one grain. Mentally, the cactus patient is rather sad and melancholy. The coronary syndrome is marked with constriction and localized pain. Senile cardiacs of this type do well under the drug for long periods of time and it can be advantageously alternated with the maintenance doses of digitalis in these cases.

*Cantharis*—This is an inflammatory and irritative drug and its only use in cardiac disease in pericarditis with effusion. Some urinary distress should be a subjective complaint.

*Carbo vegetabilis*—A chronic anoxaemic state pictured by this drug. Suits particularly the obese cardiac, sluggish fat; veins are dilated and circulation poor. People who have never

fully recovered from the effects of some previous infection, usually of the respiratory tract. Respiratory and cardiac symptoms are mixed, but the voice fails on the slightest exertion, the usual symptoms of cardiac decompensation are present. The *carbo veg.* patient needs air and is apt to be found fanning himself.

*Carduus marianus*—Suitable to cases of either cardiac or hepatic cirrhosis. Dilatation of the veins of prominent, varicosities, chronic engorgement. It is not the heart so much in this drug as the lack of returned blood supply. Varicose ulcers are usually present. Liver is usually sensitive and enlarged.

*Coffea cruda*—Functional heart disease with nervous agitation, restlessness, and particularly sleeplessness. Extreme sensitiveness characterizes this remedy. General intolerance of pain and activity of body and mind so-called nervous palpitation. Cardiac symptoms and crude palpitations particularly after any emotion.

*Colchicum*—This is a remedy for pericarditis with effusion with much coldness, collapse, and dyspnoea, together with a temperature. Suits the stage of rheumatic fever with much joint involvement and exudative pericarditis.

*Crataegus*—One of the most useful of our homœopathic drugs of the heart. It is used in tincture and often combined with *Cactus* for the long-time cardiac therapy. Experimentally, it has been shown to lower the blood pressure and is suitable to early stages where the blood pressure is still fluctuating. Drug contains large quantities of vitamin C. The effects are on the muscle and has no effect on the endocardium. Senile heart with dyspnoea on slightest exertion. Following infections patients are benefitted by this drug. Increased dyspnoea without necessarily increased pulse rate rather indicates *Crataegus* clinically. Flabby or monotone heart sounds, weak but *not* irregular pulse are present.

*Fluoricum acidum*—Luetic history, aneurism, and alcoholic. Marked dental decay is an indication, well proved experimentally. Varicose veins and ulcers. Resembles *Carduus marianus* but has not the liver symptoms. Where the line between true cardiac and senile bronchitis is difficult to determine. After failure



from Digitalis and dyspnoea still persists with wheezing, rales, cough it may be tried. They cannot breathe when lying down. Acts primarily on the pulmonary regulation.

*Grindelia*—This drug, though not properly a cardiac drug often helps symptoms due to pulmonary sclerosis, wheezing cough, strangling respiration, and symptoms that resemble left ventricular failure, but are due to extra cardiac causes.

*Hamamelis*—This is not a cardiac drug as such. The patient suffers indirectly from venous congestion, varicose veins, and the dilation of the venous system which prevents a proper venous flow back to the heart and hence is a cause of eventual peripheral failure. Objectively, the extremities feel very tired and sore. Obvious dilatation is marked throughout the body. Also has an absorbent action on hemorrhages.

*Ignatia*—For cardiac neurosis, rapid change of mental and physical condition, symptoms are marked together with much sighing. Worse from stimulants, especially tobacco. The clinical remedy for the coronary syndrome. Sensation as of bar laid across the chest with anginoid pain. Marked soreness in the region of the heart together with symptomatic digestive symptoms such as distension and colic.

*Iberis*—One of the best cardiac homœopathic drugs. State of nervous excitement, easy palpitation, marked consciousness of heart action. Dizziness, choking, stitching pains in the precordial region. The usual sensation are weight and pressure and occasional sharp pains. Suits the thyroid type of cardiac case. Drug seems particularly helpful for asthenia following an infection such as influenza. Early symptoms of left ventricular failure where we ordinarily give Digitalis has been benefitted by Iberis.

*Kalmia Latifolia*—This drug is quite toxic to lower animals such as frogs, mice, and rabbits. On dogs, injection of the extract produces a marked fall of pressure with cardiac slowing. Changes of conductivity were first evident progressively in the P-R intervals followed by partial heart block. It seems to have a direct effect on the smooth muscles. In our provings it is remarkable how many rheumatic pains seem to be experienced by the provers. These were felt especially in the shoulder, elbow,

and wrist, and that it seems homœopathic to rheumatic fever is evidenced from the experiments on animals and provings. Precordial pain of *Kalmia* is rather constant and dull, rather than sharp and intermittent as under *Spigelia*.

*Latrodectus mactans*—This viper (?) poisoning produce a picture of angina pectoris with constriction of the chest muscles, and radiation of pain to shoulders and back. The skin is cold, pulse feeble and rapid, and after an acute attack pain is felt in the left arm which feels paralyzed. It may be given between attacks to prevent recurrence.

*Lachesis*—Indications for this polycrest are well known. Personally, we feel that this drug aids absorption of hemorrhage after an infarction of the heart muscles particularly. There may be no particular symptoms at this time, but it is given empirically. Otherwise, the symptomatology is associated with the left ventricular failure particularly with choking, necessity for air and aggravation following a nap or sleep.

*Mercury iodide*—This powerful drug seems to be most homœopathic to a definite vulvuritis and endocarditis. The researches of the late Dr. Wilms of Cincinnati has brought this out. It is the most active bactericidal of all the mercurials. Specific indications are wanting as all these cases of endocarditis present cachexia, anemia, temperature and cardiac findings. Etiology—a streptococcus throat is suggestive.

*Naja tripudians*—The poison of the cobra presents the general symptoms of snake poison such as constriction, but is free from septic aspects. Aggravations of chronic vulvuritis apparently is its field, thus various sensations such as feeling a weight and heaviness in the precordial region. With this cardiac distress there are symptoms of pain referred to the forehead and temple. As a rule, low tension is seen. Clinically, it seems to suit the stage of convalescence following a long rheumatic disease and has a clinical reputation for resolving murmur.

*Plumbum metallicum*—Presents a picture of general arteriosclerosis, often with paresis of single muscles such as those of the extremities and legs. Patient is apt to be definitely anemic and mentally exhibits slow perception and cerebral anemia. Essential hypotension in the early decompensated stage with

marked frequency of urination, especially at night. The cardiac field is one of degeneration with slow pulse, poor myocardial tone, and a high degree of constipation is usually seen in these patients.

*Secale* 12X—For classical angina syndrome, boring pain in precordia. Evidence of peripheral sclerosis, debility and emaciation. Sense of heat throughout body and always better from cold.

*Spigelia*—This comes to us from Hahnemann and is, therefore, one of the best proved cardiac drugs and has stood the test of time. Among the symptoms are persistent headaches, usually frontal in nature, and invariably aggravated by stooping. The presence of fine needle-like pains are a keynote, may be felt in any part of the body and are usually more left-sided over the precordial region and distribution of the 5th nerve. Overaction of the heart as evidenced by palpitation is also seen. I have had most success with this drug in straight coronary syndrome with the usual modalities of cold, eating, motion and exercise. The potency used has been the 3X.

*Sulphur*—The role of sulphur in heart disease is practically confined to the use of the tincture in pericarditis with effusion. The action of sulphur is quite different from its actual potency as is pointed out by Hahnemann himself. Doses of 15 drops of the tincture of Sulphur are given every three hours to aid absorption.

*Tabacum*—An empirical remedy for extra systoles when they occur with greater frequency than normal in a person. Provings of tobacco bring anginal-like symptoms together with pain in the precordial region and at times an intermittent pulse.

—*The Hahnemannian, April-June, '58*